

## Existing 401(k) Plan

## **Review and Redesign**

## PensionSite.Org

P.O. Box 1869 Winter Park, FL 32790-1869 Phone: 888-412-4120 Fax: 321-397-0409 Email: Bill@PensionSite.Org www.PensionSite.Org



Is your client happy with their existing 401(k) plan? Let us review the plan to see if it can be improved upon.

Gather the following information from your client:

- Employee Census the form is attached and also available on our website www.pensionsite.org.
- A copy of the **Adoption Agreement** for the current plan.
- A copy of the most recent Allocation Report.
- A copy of the **Summary Plan Description** (SPD), if available.

Once you have the information, send it to us for review, evaluation and redesign.

PensionSite.Org CONFIDENTIAL SURVEY DATA Post Office Box 1869 Winter Park, FL 32790-1869 888.412.4120 Fax 321.397.0409 Email: Bill@PensionSite.Org www.PensionSite.Org										
1. Legal Name of Firm										
Address										
City State	Zip									
Phone: Area Code Number   2. Business Form: Corporation										
2. Business Form: $\Box$ Corporation $\Box$	Partnership									
File as Sub Chapter "S" Con	poration 🗖 Yes 🗖 No									
3. Date of Incorporation	Fiscal Year Ends									
4. Employee Breakdown (Number)										
Salaried Employees										
Hourly Employees	UnionNon-Union									
Total Employees										
5. Corporate profit before Federal Income Tax f	or past two years:									
20\$2	)\$									
6. Is Corporation contributing for employees to	ny deferred compensation plan now in									
operation? $\Box$ Yes $\Box$ No If yes, please con	plete the following:									
Amount of Last Annual Deposit C Pension \$ \$	Voluntary     Total Trust Asset Value       ontributions     As of       \$									
Profit Sharing       \$										
7. Are you contributing to Union Pension?										
8. Does this Firm itself, or any Stockholder, ow	at least 50% of any other Corporation,									
Partnership, or Proprietorship?	□ No									
9. Special Instructions										

## **EMPLOYEE DATA**

Name of Employer

			Annual Compensation								
		Job Title									
		Date	۲r.								
			Day								
		Emplo	Mo.								
1		Birth	۲. ۲								
			Day								
		Date of	Mo.								
			Sex								
Date	Date		Employee's Name (Full Name)								